

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030096

042

1000

962

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 1 1962

VS 300  
Rev. 4/59

15117

25117

3

4 1

5 1

6

7 1

8 2

9203X

10

11

1290-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

M.H. Christ, M.D.

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

St. Joseph

Length of stay in 1b

23 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1218 Harmon St.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY  
OR TOWN

St. Joseph

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1218 Harmon St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Bertha

Middle

Elizabeth

Last

Janecek

## 4. DATE OF DEATH

Month

August

Day

27

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Oct. 24, 1910

## 9. AGE (last birthday)

57

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own home

## 11. BIRTHPLACE (City and state or country)

Brooklyn, New York

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Arnold Kirchhoefer

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Schenk

## 14. NAME OF HUSBAND OR WIFE

George Janecek

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

George Janecek 1218 Harmon St. St. Joseph, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Multiple Myeloma with Metastasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb 1962 to Aug 21, 1962 and last saw her alive on Aug 21, 1962. Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

M.H. Christ

## 22b. ADDRESS

6106 King Hill Ave

## 22c. DATE SIGNED

Aug 23, 62

## 23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 24, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Public Cemetery St. Joseph, Mo.

## 23d. LOCATION (City, town, or county) (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Clark Funeral Home St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Aug. 27, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued 8/22/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Evan A. Clark

Licensed Embalmer No. 4235

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.